Name in Full: Lana J. Adams.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dawsonville County: Montg

Date of death: Month: Oct. Day: 6 1904 Age: Years: 39 Months: — Days: —

Sex: Female Color or Race: Negro Birthplace: Poolesville Md

Occupation: Housewife Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Husband: Wm. Adams.

Father's Name: Mason Davis Father's Birthplace: —

Mother's Maiden Name: Martha Davis Mother's Birthplace: —

Name of person giving Information: Husband How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute miliary tuberculosis How long: 2 mo.

Immediate: Asphyxia How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. D. Bowers M.D.

Address: Dawsonville Md

Accident or Suicide?

LIBRARY BUREAU A33016

Name In Full: Mary Virginia Allen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hunting Hill — County: Montgomery

Date of death 1904: Month: 5 — Day: 30

Age: Years: 65 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: House Keeper

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: W. Wheeler Allen — Father's Birthplace: Maryland

Mother's Maiden Name: Barbara Hisey — Mother's Birthplace: Maryland

Name of person giving Information: William Allen — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease — How long: Two years

Immediate: Diarrhea — How long: One month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Anderson M.D.

Address: Rockville Md.

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Benjamin Franklin Dale

CERTIFICATE OF DEATH

Died at — Town: Laurel Park — County: Montgomery — MARYLAND

Date of death: Month: May — Day: 19 — Year: 1904 — Age: 63 — Months: 6 — Days: 1

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: Same

Married, Single or Widowed: Single — Name of Wife or Husband: None

Father's Name: Turner A. Dale — Father's Birthplace: Md

Mother's Maiden Name: Leathanna Sayer — Mother's Birthplace: Md

Name of person giving information: Daniel Gaff — How related to deceased: Neighbor

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fatty Degen Heart — How long:

Immediate: Fatty Degen Heart — How long: an hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Dale, M.D.

Address: Lurington Md

Accident or Suicide? No

8

LIBRARY BUREAU A8501B

Pall-Bronze

Name in Full

Certificate of Death

Maria McAlister Biggs

Town: Unity County: Monroe

Died at: MARYLAND

Date 1904 Month May Day 15th | Age Y. 67 M. 9 D. 10 | Native of Carroll | Occupation

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widow / ~~Widower~~ — ~~Divorced~~

Number of children living 6

~~Husband~~ / Wife of Edmund E. Biggs.

Father's Name

Mother's Name

Cause of Death — Primary: Paralysis

Immediate: Apoplexy

64

How long sick 2 Yrs

Accident, Suicide, Homicide

Reported by Dr. H. W. Spurrier

Address Unity Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Frank Brojdus

Died at Gaithersburg (Town) May 17 (Month) (Day) Montgomery (County) MARYLAND

Date 19 04

Age Y. 3 M. D.

Native of Montg Co

Occupation Infant

~~Male~~ Female ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced

Number of children living

Husband of Frank Brojdus

Wife Ruth Swalls

Father's Name Frank Brojdus

Mother's Maiden Name Ruth Swalls

Cause of Death: Primary Consumption

Immediate "

How long sick 2 Months

Accident, Suicide, Homicide

Reported by Elizabeth Swalls

Address Gaithersburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full: George. Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died — Town: Rockville — County: Montg.

Date of death 1904 — Month: May — Day: 9th — Age — Years: 1 — Months: 4 — Days: 25

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: Chas. Brown — Father's Birthplace: Va

Mother's Maiden Name: — Corrie Ellis — Mother's Birthplace: Va

Name of person giving Imformation: Chas Brown — How related to deceased: father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Teething - — How long: —

Immediate: Convulsions — How long: —

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: O. M. Linthicum

Address: Md

Rockville

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Mary Anna Budd

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Griffon — County: Montgomery

Date of death 1907 — Month: May — Day: 22 — Age — Years: 48 — Months: 1 — Days: 24

Sex: Female — Color or Race: Colored — Birthplace: Montg. Co. Md.

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: John Budd

Father's Name: Samuel Owens — Father's Birthplace:

Mother's Maiden Name: Sarah Waters — Mother's Birthplace: Montg. Co. Md

Name of person giving Information: Samuel T. Owens — How related to deceased: Brother.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy — How long:

Immediate: Paralysis and Asthenia — How long: 9 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Chas. Farquhar.

Address: Olney Maryland.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Joseph Samuel Childs.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Woodside; County: Montg.

Date of death: 1904 May 27; Age: Years 73, Months 0, Days 0

Sex: Male; Color or Race: White; Birthplace: Md.

Occupation: Farmer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Sarah Crissel

Father's Name: Nathan Soper Childs; Father's Birthplace: Md.

Mother's Maiden Name: Mary Ann Owings; Mother's Birthplace: Md.

Name of person giving Information: Geo. McSeeney; How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long:

Immediate: Hemorrhage - Pulmonary; How long: A few minutes

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. T. Brown

Address: Rural Mills Md.

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: William Bowen Elsey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Spencerville; County: Montg

Date of death: 1904 Month: May Day: 12

Age: Years: 23 Months: 6 Days: 18

Sex: Male

Color or Race: Black

Birthplace: Maryland

Occupation: Laborer

Where Residing if not at place of death: Spencerville Md

Married, Single or Widowed: Married

Name of Wife or Husband: Jane Bell

Father's Name: Walter Wilborn

Father's Birthplace: Clinton Miss

Mother's Maiden Name: Chloretta Elsey

Mother's Birthplace: Spencerville Md

Name of person giving information: Chloretta Elsey

How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: 6 months

Immediate: Asthma

How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. R. Robson

Address: Spencerville Md

Accident or Suicide?

8

LIBRARY BUREAU A88516

Name in Full: Garfield Frazier

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Goshen; County: Montgomery

Date of death 1904: Month: May; Day: 8; Age: Years: 3; Months: 14; Days:

Sex: Male; Color or Race: Colored; Birthplace: Montgomery Co

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

Father's Name: William Frazier; Father's Birthplace: Montgomery Co

Mother's Maiden Name: Mary Velinda Downey; Mother's Birthplace: Montgomery "

Name of person giving information: Charley Ross; How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobular Pneumonia; How long: 6 weeks

Immediate: Asthenia; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W H Dyson M.D

Address: Laytonsville Montgomery Co

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full James Madison Gingell — Certificate of Death

Died at Town Bethesda County Montgomery MARYLAND

Date 1904 Month 5 Day 4 | Age Y. 85 M. 2 D. 6 | Native of Md. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living 13

Husband of
Wife

Father's Name —

Mother's Name —

Cause of Death — Primary: Senility

Immediate: Paralysis

How long sick 10 years

~~Accident, Suicide, Homicide~~

Reported by John L. Lewis M.D.

Address Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Ann Virginia Gittings

Died at (Town) Bethesda (County) Montgomery MARYLAND

Date 1914 Month 5 Day 13 — Age Y. 84 M. r D. r — Native of Md. — Occupation Home-wife

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living 1

Husband / Wife of r

Father's Name r — Mother's Name r

Cause of Death — Primary: Senility — How long sick 6 months

Immediate: Bright's Disease

~~Accident, Suicide, Homicide~~

Reported by John L. Lewis, M.D.

Address Bethesda, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Silyhuan Graham

Certificate of Death

Died at Town: Martinsburg County: Montgomery MARYLAND

Date 19 04 Month: May Day: 1 | Age Y. 58, M. D. | Native of Md. | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband of
Wife

Father's Name Wallace Graham | Mother's Maiden Name

Cause of Death: Primary — Immediate: Pneumonia 93 | How long sick 6 days | Accident, Suicide, Homicide

Reported by B W Walling Md

Address Poolesville. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

8

LIBRARY BUREAU, 7998

Name in Full Herbert Green

CERTIFICATE OF DEATH

MARYLAND

Died in Town: near Rockville — County: Montg Co.

Date of death 1904 — Month: 5 — Day: 4

Age — Years: 7 — Months: 5 — Days:

Sex: Male — Color or Race: Black — Birthplace: Maryland

~~Married~~, Single or ~~Widowed~~ — Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wesly Green — Father's Birthplace: Md

Mother's Maiden Name: Edmira Smith — Mother's Birthplace: Ind

Name of person giving information: Oddie Green — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 6 mo.

Immediate: Meningitis — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Anderson MD

Address: Rockville Md.

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full Mary Isabella Elizabeth Hodge.

CERTIFICATE OF DEATH

MARYLAND

Died at Ashton — Town — County: Montgomery

Date of death: Month: May — Day: 18 — 1904 — Years: Age 34 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Montg. Co. Md.

Occupation: Laborer — Where Residing if not at place of death:

Married, ~~Single or Widowed~~: Married — Name ~~of Wife or~~ Husband: John Edward Hodge

Father's Name: Hood — Father's Birthplace: Maryland

Mother's Maiden Name: — Mother's Birthplace: Maryland

Name of person giving Information: John Hodge — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: About 10 months

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Chas. Farquhar

Address: Olney Maryland

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Ella Jenkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Darnestown; County: Montg

Date of death: Month: 5; Day: 23; 1904

Age: Years: 1; Months: 18; Days: —

Sex: Female; Color or Race: Negro; Birthplace: Darnestown

Occupation: —; Where Residing if not at place of death: —

~~Married, Single or Widowed~~; Name of Wife or Husband: —

Father's Name: Fred Jenkins; Father's Birthplace: Darnestown Md

Mother's Maiden Name: Annie Brown; Mother's Birthplace: —

Name of person giving Information: Physician; How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fracture of skull; How long: 6 or 8 hours

Immediate: Coma; How long: 6 or 8 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. S. Howard M.D.

Address: Darnestown Montg. Co Md

~~Accident or Suicide~~? Homicide

LIBRARY BUREAU A88516

Name in Full: Bessie Virginia Lewis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Redland — County: Montgomery

Date of death 1907 — Month: May — Day: 21 — Age: Years 5 — Months 4 — Days 6

Sex: Female — Color or Race: Colored — Birthplace: Montg. Co. Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John Andrew Lewis — Father's Birthplace: Pittsburgh Penna.

Mother's Maiden Name: Maggie Elizabeth Green — Mother's Birthplace:

Name of person giving information: John Andrew Lewis — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: About 2 weeks.

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? As far as known. No medical attendance

Accident or Suicide?

Signature of Physician: C. Bear, Darnestown, Md. R.D.

Address: Quince Orchard, Md.

LIBRARY BUREAU A69816

Name in Full: George A Magruder

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Redland — County: Montgomery

Date of death: 1904 — Month: May — Day: 12 — Age: Years: 2 years — Months — Days

Sex: Male — Color or Race: Colo — Birthplace: Washington D C

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Oliver Magruder — Father's Birthplace: Mont- Co Md

Mother's Maiden Name: Mary C Musser — Mother's Birthplace: Mont-Co Md

Name of person giving information: George Washington — How related to deceased: Grandson

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: 4 to 6 months

Immediate: Generally debility — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E H Edelson

Address: Gaithersburg Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Remington

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Takoma Park — County: Mont.

Date of death 1904 — Month: May — Day: 22 — Age — Years: 87 — Months: — Days: —

Sex: male — Color or Race: white — Birthplace: Ohio

Married, Single or Widowed — Occupation: Clergyman.

Name of Wife or Husband: Chauncy F. Remington

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Rheumatism — How long: many years.

Immediate: Valvular disease of heart for yrs. — How long: 15 minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Alfred T. Parsons

Address: Takoma Park Md.

Accident or Suicide?

LIBRARY BUREAU A80916

Name in Full: Lucy Duvall Rich

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burtonsville. County: Montgomery Co

Date of death: Month: May Day: 4th 1904

Age: Years: 23 Months: — Days: —

Sex: female

Color or Race: white

Birthplace: Burtonsville, Md.

Occupation: Home - wife

Where Residing if not at place of death: At home

Married, Single or Widowed: Married

Name of Wife or Husband: Walter N. Rich

Father's Name: Isaac Burton

Father's Birthplace: Burtonsville

Mother's Maiden Name: Margaret Duvall

Mother's Birthplace: Montgt. Co. Md.

Name of person giving Information: Walter N. Rich

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: 3 mos.

Immediate: Asthenia

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: [illegible] W. Byerly

Address: Laurel. Md.

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Martha Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Burnt Mills; County: Montgomery

Date of death: 1904 Month: May Day: 6

Age: Years: 68 Months: 0 Days: 20

Sex: Female Color or Race: White Birthplace: Md.

Occupation: Housewife Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Hezekiah Robinson

Father's Name: Father's Birthplace: Md.

Mother's Maiden Name: Lavinia Gettinge Mother's Birthplace: "

Name of person giving In formation: John Freeman How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 67 How long

Immediate: General Paralysis How long: 5 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. G. Brown

Address: Burnt Mills Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Norman Rose

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Kensington — County: Montgomery

Date of death 1904 — Month: May — Day: 11th — Age — Years: — Months: 16 — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: None — Where Residing if not at place of death: Same

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Walter Brown — Father's Birthplace: Md

Mother's Maiden Name: Betty Rose — Mother's Birthplace: Md

Name of person giving Information: Edward Kelly — How related to deceased: Not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 3 months

Immediate: Marasmus — How long: 3 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Jones

Address: Kensington

Accident or Suicide? No

LIBRARY BUREAU A66516

Name in Full: Elias Spriggs

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brinklow — County: Montgomery

Date of death 1904 — Month: May — Day: 13 — Years: Age 90 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Howard Co. Md

Occupation: Farm laud — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Rachel Spriggs

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: William Edward Clarke — How related to deceased: No relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long:

Immediate: Senility — How long:

Are the name, age, sex, color, date and place correctly given above? As for as known.

Signature of Physician: Chas. Farquhar.

Address: Olney. Maryland.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full

Certificate of Death

Emily Squirrel

Died at Town: Sandy Spring County: Montgomery MARYLAND

Date 1904 Month: May Day: 21 | Age Y. 82 M. — D. — | Native of | Occupation At home

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living 3

~~Husband~~ Wife of Nelson Squirrel

Father's Name | Mother's Maiden Name

Cause of Death: Primary — Paralysis — How long sick 24 hours

Immediate — Accident, Suicide, Homicide

Reported by Nelson Everett Budd for Dr. O.

Address Sandy Spring Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Cora M. Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Sandy Spring — County: Montgomery

Date of death: Month: May — Day: 17 — 1904

Age — Years: 25 — Months: 2 — Days: 15

Sex: Female

Color or Race: Colored

Birthplace: Sandy Spring Md.

Occupation: At home

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: Benj. F. Thomas

Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Martha A. Holland

Mother's Birthplace: Montg. Co. Md.

Name of person giving information: Benj. F. Thomas

How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis Pulmonalis — How long: Three & ½ years

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? As far as known

Signature of Physician: Chas. Farquhar, M.D.

Address: Olney, Md.

Accident or Suicide? Attended in last D.C. by Dr Wilbur L. Knight.

LIBRARY BUREAU ASSETS

Name in Full: Peter Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Burnt Mills; County: Montgomery; MARYLAND

Date of death 1904: Month: May; Day: 31; Age: Years: 53; Months: 0; Days: 0

Sex: Male; Color or Race: Colored; Birthplace: N. Ca.

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Hattie Adams.

Father's Name: William Williams; Father's Birthplace: N. Ca.

Mother's Maiden Name: Eliza ——; Mother's Birthplace: N. C.

Name of person giving Information: John Berry; How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long: Six months

Immediate: Asphyxia; How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H. S. Brown.

Address: Burnt Mills Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: William Nelson Young

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poolesville; County: Montgomery

Date of death: 1904; Month: May; Day: 6; Age: Years: 74; Months; Days

Sex: Male; Color or Race: White; Birthplace: Poolesville Md

Occupation; Where Residing if not at place of death: Poolesville Md

Married, Single or Widowed; Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: David Young; Father's Birthplace: Washington Co Md

Mother's Maiden Name: Malinda Shelton; Mother's Birthplace: Martinsburg Md

Name of person giving Imformation; How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral insufficiency; How long

Immediate: Violent exertion; How long: Sudden

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Richard T Gott

Address: Poolesville Md

Accident or Suicide?

LIBRARY BUREAU A88516